

SEMI-ANNUAL LOBBYING EXPENDITURE REPORT FOR EMPLOYERS OF LOBBYISTS

INSTRUCTIONS: This Semi-Annual Lobbying Expenditure Report is for reporting all expenditures relating to lobbying in the State of Tennessee. Pursuant to T.C.A. § 3-6-303(a), this Report is due within forty-five (45) days after the conclusion of the six-month periods ending March 31 and September 30. The Report must be filed with the Tennessee Ethics Commission, 201 4th Avenue North, Suite 1820, Nashville, TN 37243. If you have questions, please feel free to contact the Commission at (615) 253-8634 or e-mail us at ethics.counsel@state.tn.us. You must complete every item. Attach additional pages as necessary. Please note that the information listed on this Report will be posted on the Commission's website as required by T.C.A. § 3-6-303(3)(b).

1	a.	DATE OF DISCLOSURE6/25/07			
	þ.	REPORTING PERIOD [check box]:	– March 31	☐ April 1 – Septe	mber 30
2.	а.	NAME OF CORPORATION/ENTITYShawntech	Communicat	ions, Inc.	
	b.	NAME OF CEO, CFO, or TITLE AND NAME of PERS LOBBYISTS	SON RESPON	SIBLE FOR SUPER	RVISING
		Lance Equater CEO			
3.	а.	ADDRESS Street or Rural Route	City	State Zip Code	
		One Aset Centre, Suite 102	. v - v - v - v - v - v - v - v - v - v	<u> </u>	
		Vandalia, OH 45377			
	b.	PHONE NUMBER 937-898-4724	-	· ·	
4.	LOB	BYING INTERESTS			
• .	a.	List the general subject area(s) lobbied, e.g., "healthcare	e," "insurance," (etc.	
	ana.	Telecommunications			
_				· .	
•	b.	Describe the general nature and interest of the entity em "insurance company," "professional association," etc.	ploying or retal	Sr.	7 14
,	r	Telecommunications For Inmate Phones			<u> </u>
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	,				Try
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5. TOTAL AGGREGATE LOBBYIST COL	Page 2 of 3 MPENSATION. The term "compensation" is defined by T.C.A. § 3-6- rsement or other valuable consideration, or any combination thereof, compensation' does not include the salary or reimbursement of an
whether received or to be received, however, individual whose lobbying is incidental to that pers	son's regular employment."
State the aggregate total amount of lo	obbyist compensation paid by the employer. For purposes of the performs duties for the employer in addition to lobbying and related rist's time allocated for lobbying and related activities in this state (see literative Action," and exceptions thereto, in
☑ Less than \$10,000	☐ At least \$10,000 but less than \$25,000
☐ At least \$25,000 but less than \$50,000	☐ At least \$50,000 but less than \$100,000
☐ At least \$100,000 but less than \$150,000	☐ At least \$150,000 but less than \$200,000
☐ At least \$200,000 but less than \$250,000	☐ At least \$250,000 but less than \$300,000
☐ At least \$300,000 but less than \$350,000	☐ At least \$350,000 but less then \$400,000
☐ If the aggregate total amount is \$400,000 or more, thousand dollars (\$50,000):	you must round the aggregate total to the nearest fifty
box. Attach additional pages as needed. Aut LOBBYIST NAME James Ball & Associates. I	<u>IN-HOUSE LOBBYIST</u> ∄
James Dall & Associaces	
7. LOBBYING-RELATED EXPENDITURES NOTE: For the purposes of this Report, a effect shall be apportioned equally among the	my expenditure made for the purpose of achieving a multi-state
Excluding lobbyist compensation (which is no the employer to third party vendors, for the purpopulation or grassroots action in the State of I relating to printing, publishing, advertising, broad digital video discs, informercials, rallies, demonstrating	eported under 5), state the aggregate total of expenses paid directly by prose of influencing legislative or administrative action through publication of influencing legislative or administrative action through publications. These expenditures include, but are not limited to, cost indicating, paid announcements, audiotapes, videotapes, compact discriptions, seminars, lectures, conferences, postage, telephone relatedes, governmental relations services, polling services, travel expenses ions or any other expense incurred lobbying. Authority: T.C.A. § 3-6
☑ Less than \$10,000	☐ At least \$10,000 but less than \$25,000
☐ At least \$25,000 but less than \$50,000	☐ At least \$50,000 but less than \$100,000
☐ At least \$100,000 but less than \$150,000	☐ At least \$150,000 but less than \$200,000
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☐ At least \$300,000 but less than \$350,000	☐ At least \$350,000 but less than \$400,000
☐ If the aggregate total amount is \$400,000 or mon thousand dollars (\$50,000):	e, you must round the aggregate total to the nearest fifty
SS-0011	

3.	AGGREGATE TOTAL OF ALL IN-STATE EVENTS	
State t reporte	the aggregate total amount of all employer expenditures for all in-Stated to the Commission pursuant to T.C.A. § 3-6-305(b)(8). Authority:	te event(s) which was or should have been T.C.A. § 3-6-303(a)(3).
<u> </u>	\$1506.25	
9.	TO BE SIGNED BY REPORTING OFFICIAL (must be attested	
	I certify that the information contained in this Report is true and that of my knowledge, information and belief.	t it is a complete and accurate report to th
best o	of my knowledge, information and botton	
V	Mayor Blomminadale	6/25/07
Signal Print N	March Tolgorningdals Sture of Person: Sharon Bloomingdale	* Dafe
accur	i, the undersigned, acknowledge that I have reviewed the forego- ate to the best of my knowledge, information and belief.	ng Report and certify that is complete ar
		6/25/07
	J-t-	Date
Signa	nture of CEO, CFO or Authorized Bepresentative Name of Person: Lance Fancher	
Print	Name of Ferson.	
1,	Robin Kollmeyer the undersigned, do hereby witness (Rrinted Name of Witness) CFO or Authorized Representative	s the above signature of the CEO, e; which was signed in my presence.
S	& Show Fall Mey	<u>[0]25]07</u>
Signa	ature of Witness	• Date



O' VANIMANIA IA III MANAMANIA MANAMA	
State the aggregate total amount of all employer expenditures for all in-State event reported to the Commission pursuant to T.C.A. § 3-6-305(b)(8). Authority: T.C.A.	(s) which was or should have bee § 3-6-303(a)(3).
\$1506.25 \$ 0.00 Amended 6/25/07 by	5Blooming dale
	V
9 TO BE SIGNED BY REPORTING OFFICIAL (must be attested to by a	a witness)
I certify that the information contained in this Report is true and that it is a debest of my knowledge, information and belief.	complete and accurate report to the
Maion Bloomingdale	6/25/07
Signature of Person Completing(Report Print Name of Person: Sharon Bloomingdale	Date
I, the undersigned, acknowledge that I have reviewed the foregoing Repo accurate to the best of my knowledge, information and belief.	ort and certify that is complete ar
Den The	6/25/07
Signature of CEO, CFO or Authorized Representative Print Name of Person: Lance Fancher	/ Date
I, Robin Kollmeyer, the undersigned, do hereby witness the abo (Rrinted Name of Witness) CFO or Authorized Representative, which	ve signature of the CEO, was signed in my presence.
Signature of Witness	(0)25/07

